

Food Employee Handwashing Agreement

Preventing transmission of diseases through food by inadequate handwashing by foodhandlers and servers

Use this agreement between employees and management to help ensure that foodhandlers and servers have been advised by management of when and where to wash hands.

I AGREE TO WASH HANDS AT THE DESIGNATED HANDSINK(S):

- ▶ Before preparing food
- ▶ When switching from raw food to ready-eat-food
- ▶ After using the toilet room
- ▶ After coughing, sneezing or blowing nose
- ▶ After using tobacco, eating or drinking
- ▶ After touching bare human body parts
- ▶ After touching live animals
- ▶ After handling soiled equipment or utensils
- ▶ After engaging in other activities that contaminate hands

Print name of food employee applicant _____

Signature of food employee applicant	Date
Signature of permit holder representative	Date

Note: This document must be kept on file by management for inspection purposes

Food Employee Health Reporting Agreement

Preventing transmission of diseases through food infected foodhandlers and servers

Use this agreement between employees and management to help ensure that foodhandlers and servers have been advised by management of when to report illness symptoms, conditions and medical diagnoses

I AGREE TO REPORT TO THE PERSON IN CHARGE ANY OF THE FOLLOWING SYMPTOMS OR CONDITIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Sore throat with fever
5. Jaundice (abnormally yellowish skin and eyes)
6. Skin lesions with pus on hands, wrists or exposed body parts, such as a boil
7. Medical diagnosis of illness with one or more of the following bacteria or viruses:
 - Typhoid fever (*Salmonella typhi*)
 - Non-typhoid Salmonella (*Salmonella* sp.)
 - Shingles or Shigellosis (*Shigella* sp.)
 - E coli (*Escherichia coli* 0157:H7)
 - Hepatitis A virus
 - Amoebic dysentery (*Entamoeba histolytica*)
 - *Camplobacter* sp.
 - *Calicivirus*; *Cryptosporidium* sp.
 - *Giardia* sp.
 - *Yersinia* sp.
 - *Staphylococcus aureus*
 - *Listeria monocytogenes*

I have read or had explained to me the requirements concerning my responsibilities under the Wisconsin Food Code and this agreement to comply with:

- ▶ Reporting requirements as described above regarding symptoms, conditions or diagnosis
- ▶ Work restrictions or exclusions that are imposed on me in the event I have one or more of the of the symptoms, conditions or diagnosis
- ▶ Good hygienic practices, especially when and where to wash hands.

By signing this agreement, I understand that failure to comply with terms of this agreement may result in action by management or the food regulatory authority that could jeopardize my employment or involve legal proceedings.

Print name of food employee applicant _____

Signature of food employee applicant	Date
Signature of permit holder representative	Date

Note: This document must be kept on file by management for inspection purposes